A DESCRIPTIVE ANALYSIS OF THE PHYSICAL AND PERSONAL-SOCIAL CHARACTERISTICS OF 100 VISUALLY IMPAIRED AND BLINDED VETERANS.

By

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A Descriptive Analysis
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Physical and Personal-Social Characteristics
of
100 Visually Impaired and Blinded Veterans

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I. INTRODUCTION: Purpose of Survey Report and Study Procedures

The purpose of this paper is to give a short factual picture of the major physical and personal-social characteristics of 100 visually impaired and blinded veterans who were active in the treatment program of the Blind Rehabilitation Section during the period dating from October, 1962 through October, 1963. It is hoped that the information contained in this study will be useful as a point of reference for program orientation and planning. From the point of view of the staff psychologist, these up-to-date statistical facts should be helpful as a source of specific information for research studies and as an aid in the evaluation of problems presented by specific population subgroups.

This survey report is seeking answers to such questions as the following: "What is the age range and the average age of the entire study group?" "How many in the group have no useful sight and how many have partial sight?" "To what extent was their visual disability the result of disease, and to what extent due to injury?" "What are the secondary disabilities of the group?" "How many individuals have disabilities in addition to visual impairment or blindness?" "What levels of education exist within the group?" "What are their major occupational interests and goals?" "How many in the group plan to return to work or to school?" "What proportion of the group is married, divorced or single?" These are but some of the questions which were put to the data collected for this study.

The sources from which these data were extracted were the veterans' medical folders, personal interview notes, amassed by this writer and psychological test results.

The plan of analysis was first and simply to catagorize the data in terms of the major variables, such as age, visual acuity, cause of blindness, etc., and then to tabulate the results as to numberical range, sum totals, averages and percentages.

The next step was to look at these tabulations in various combinations and without any preconceptions, to learn what they showed. The final step involved a factual description of the 100 visually impaired and blinded veterans in terms of the key variables.

At the present time no effort was made to determine the degree of relationship between the major characteristics of these veterans. However, this step is to be pursued as hypotheses are developed on the basis of the present data.

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II. A DESCRIPTIVE ANALYSIS OF THE STUDY GROUP IN TERMS OF THE MAJOR PHYSICAL AND PERSONAL-SOCIAL VARIABLES.

1. Size of Group: The entire study group consisted of 100 patients who were active for varying periods in the treatment program of the Blind Rehabilitation Section from October, 1962, through October, 1963.

2. Age at time of entrance into Rehabilitation Program: The age range of the group was from 19 years to 75 years. The median age of the group was 42 years. About one-third (34%) was under 40 years of age. Only 17 were under 29. More than half were between 40 or 59 years of age.

In Table I data are presented with regard to the age of the survey group:

Table 1

Age at time of entrance into program

Age	Number	Per cent
19 - 29	17	17
30 - 39	17	17
40 - 49	43	43
50 - 59	11	11
60 and over	12	12

3. Amount of Vision: More than half the group (58%) had some degree of measurable vision ranging from the ability to detect movement of the hand held at a distance of 3 feet from the eye to a visual acuity of 20/200. Forty-two patients were classified as either totally blinded or as having only light perception ranging up to the ability to distinguish strong light.

The data regarding the degree of visual acuity are presented in Table 2:

Table 2

Amount of Vision as indicated by Ophthalmological Diagnoses
Contained in Patient's Medical Records

Amount of Vision	Number	Per Cent
Absolute blindness to light perception	42	42
Finger counting to 5/200	27	27
6/200 to 20/200	31	31

4. Time-lapse between loss of sight and entrance into Rehabilitation Program: The amount of time which lapsed between the patient's loss of sight and entrance into the treatment program ranged from a few months to 22 years. However, over half of the group (53%) entered the program within a year to 15 months following the visual impairment. Less than one-fourth of the group entered the program after more than three years of legal blindness. It is worth noting that the median age of loss of sight for this group was 39 years.
5. Cause of Blindness: More than half the survey group were blinded by disease (62). Those blinded by injury numbered 38. The medical categories under which the causes of blindness were classified were: systemic diseases (diabetes, kidney disease, hypertension, arteriosclerosis, dietary deficiencies); infections and toxic (syphilis, ocular tuberculosis, trachoma, toxic poisoning); ocular diseases of congenital or non-ascertainable etiology (glaucoma, optic atrophy; retrobulbar neuritis, retinitis pigmentosa, etc., and traumatic and chemical (gunshot wounds, car accidents, lye burns, etc.)

The largest number of patients fell into the traumatic and chemical category (38). Second in importance in the number of cases (35) was the eye disease grouping, e.g., retinitis pigmentosa, macular degeneration, primary glaucoma, optic atrophy, etc. Twenty-seven patients were blinded as the result of non-infectious systemic diseases, e.g., diabetes, or toxic poisoning, or infectious diseases, such as syphilis and tuberculosis.

A summary of the foregoing findings is presented in Table 3:

Table 3

Cause of Blindness as indicated by Medical Data
contained in the patient's record

Cause	Number	Per Cent
Traumatic Injury	38	38
Ocular Diseases	35	35
Systemic Diseases	18	18
Other	9	9

6. Hearing Difficulties: Of the entire group, 29 patients had medically evaluated records of hearing difficulties. This total is considered minimal, however, because the diagnostic results pertaining to hearing were not available in the medical records of many of these patients.

7. Disabilities in Addition to Blindness: A review of the 100 medical records of these patients indicated that 85 percent of the total had additional physical disabilities. These difficulties varied in severity from the loss of a couple of fingers or the loss of the senses of smell and taste to such disabling illnesses as heart disease. Moreover, almost half (48%) of the entire group had two or more disabilities in addition to blindness. Only 15 patients were apparently

free from disabilities other than blindness, according to data contained in their medical records.

8. Educational level at time of entrance into the Blind Rehabilitation Program: The educational achievements of this survey group varied from two or three years of elementary school to graduation from professional schools, e.g., law. Almost half of the entire group had at least graduated from high school. Although many of the veterans had attended one or two years of college, only 7 were college graduates. Less than one-fourth (19%) had had elementary school education only.

In Table 4, tabulated data concerning the educational levels of the entire survey group are presented.

Table 4

Educational Levels of the Survey Group

Education	Number	Per Cent
Elementary School	19	19
Less than 3 yrs. of high school	34	34
High School graduate, including some college work	40	40
College Graduate, including advanced degrees	7	7

9. Intellectual levels according to I.Q. Scores: Individual I.Q. Scores derived from the verbal scale of the Wechsler Adult Intelligence Scale were available for 87 patients. The I.Q. scores ranged from 71 to 139, with a median of 108. Almost half of the tested group (48%) earned scores which placed them in the bright-normal (110-119) to very superior (130 and above) classification of intelligence. Ten patients achieved I.Q. scores in the very superior range. Only five patients earned I.Q. scores which placed them in the borderline category of intelligence.

The intelligence classifications of the 87 patients, according to their I.Q. score are presented in Table 5:

Table 5

Intelligence Classifications According to Verbal I.Q. Scores

I.Q.	Classification	Number	Percent
130 and above	Very Superior	10	12
120 to 129	Superior	17	20
110 to 119	Bright-Normal	14	16
90 to 109	Average	39	44
80 to 89	Dull-Normal	2	2
70 to 79	Borderline	5	6

10. Occupational Interest Patterns: An assessment of the occupational preferences of the patients was made by means of the Lee-Thorpe Occupational Interest Inventory. This instrument was designed to help individuals find the vocational field or fields in which they have interests. Results were available on 40 of the patients included in this survey.

An analysis of the results indicated that the strongest vocational interest of the patients was in the personal-social field. That is, almost half of the group (48%) wanted work, involving personal contact with people. The next highest area of interest was in activities peculiar to the business world (36%). Interests in the sciences, the arts, mechanics and outdoor kinds of work were rather low for this group. A clear majority of the group (65%) indicated a preference for work requiring the use of spoken words. About one-third (35%) showed a preference for work involving numbers or computational activity. All of the group avoided choosing work activities requiring the use of hands to manipulate objects. Finally, over one-half of the group (57%) expressed an interest in work requiring considerable skill, above-average knoledge and judgment. However, one-fourth (25%) indicated a preference for simple and routine kinds of work.

In Table 6 the fields of interests are listed in terms of their relative strength for this group.

Table 6

Occupational Preferences of 40 Patients in Terms of Their Relative Strength

Fields of Interest	Percent of Cases
Personal-Social	48
Business	36
Natural	06
Mechanical	06
Arts	04
Science	00

11. Marital Status: Of the entire group, more than half (57) were married. Almost three-fourths (72) of the married men had dependent children. Veterans who were divorced totaled 22, while 4 of the group acknowledged separation from their spouses. Less than one-fifth (17) were still bachelors.

12. Employment and training status: The number of patients who indicated that they had some kind of permanent employment numbered 18. Almost three-fourths (72) of the total were unemployed. However, 34% of the patients eligible for Veterans Administration vocational rehabilitation and education indicated a desire to actively seek further training and education. Almost one-fifth (19%) planned to continue in retirement from remunerative work. Twenty-nine of the patients were referred to State Blind Agencies and Rehabilitation Centers.

A statistical summary of the foregoing facts is presented in Table 7:

Table 7

Employment Status and Plans for Vocational Training and Education

Status	Number	Percent
Regular Employment	18	18
V R & E Planning	34	34
State Agency Planning	29	29
Permanently retired	19	19

III. SUMMARY AND CONCLUSIONS

The aim of this survey report was simply to present a factual description of the major physical and personal-social characteristics of 100 visually impaired and blinded veterans who entered the Blind Rehabilitation Program at different points in time during the past year.

Bearing in mind the pitfalls of easy generalization, the results suggested that the average or typical veteran who entered into the treatment program during the past year (1962-1963) presented the following characteristics:

> He was an individual of 42 years of age with some degree of residual vision and additionally handicapped by a major organic disability. His visual impairment was due to disease with the loss of sight occurring about two years prior to his entrance into the program. Intellectually, he was of high-average ability and a high school graduate. His occupational interests were in the personal-social and business fields and on a level requiring above average training and considerable skill and knowledge. However, he had no regular employment of a remunerative nature but was desirous of actively cooking further vocational training or education. He was married and had dependent children.

It is worth noting again that while the foregoing characteristics tended to describe the average or the typical blinded veteran who recently participated in the rehabilitation program, they did not describe the many who were different from the average, whether with regard to age, amount of sight, years of schooling, marital status, etc. This merely indicates the necessity for flexibility in the program of blind rehabilitation.

It is also important to point out that another chief limitation of the information contained in this study is that many of the statistical facts lack clear meaning or impact because comparisons with earlier groups of visually impaired and blinded veterans are not currently available. It is felt,

however, that the present data amassed in this report will be useful as a baseline reference for comparison with subsequent groups of veterans entering the rehabilitation program. Moreover, it is felt that these up-to-date statistics will help us in fulfilling our administrative, service and research functions.

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